

**Kentucky Secretary of State**  
**TREY GRAYSON**

Division of Corporations  
BUSINESS FILINGS

P.O. Box 718  
Frankfort, KY 40602  
(502) 564-2848  
<http://www.sos.ky.gov/>

Application for Registration or Renewal  
of Limited Liability Company Name

LRG

Pursuant to the provisions of KRS Chapter 275, the undersigned hereby applies for registration or renewal of its company name on behalf of the limited liability company named below and for that purpose submits the following statements:

1. ☐ Registration ☐ Renewal  
(CHECK ONE)

2. The name of the limited liability company is \_\_\_\_\_.

3. The state or country of organization is \_\_\_\_\_.

4. The date of organization is \_\_\_\_\_.

5. The nature of the business of the limited liability company is \_\_\_\_\_.

(Brief Description)

I certify that, as of the date of filing this application, the above named foreign limited liability company validly exists as a limited liability company under the laws of the jurisdiction of its formation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type or Print Name & Title

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Date: \_\_\_\_\_, 20\_\_\_\_

## **Application for Registration of Limited Liability Company Name Filing Instructions**

### **REGISTRATION OR RENEWAL**

If the limited liability company is applying for registration of company name, check appropriate block.

If the limited liability company is applying for renewal of registration of company name, check appropriate block.

### **LIMITED LIABILITY COMPANY NAME**

Use the exact name of the limited liability company as filed in its state of organization.

### **DATE OF ORGANIZATION**

The date of organization is the date the limited liability company was organized in the state or country of its organization.

### **NATURE OF BUSINESS**

The limited liability company must give a brief description of the nature of the business in which it is engaged.

### **WHO MAY SIGN**

If management of the limited liability company is vested in one or more managers, a manager must sign the application. If management is reserved to the members, a member must sign. Type or print name, title and the street address of the applicant.

### **NUMBER OF COPIES**

Submit the original signed application and one exact or conformed copy. (May be photocopy). One file-stamped copy will be returned to the limited liability company as evidence of filing.

### **FILING FEES**

The filing fee for registration or renewal of limited liability company name is **\$36.00**.

Your check should be made payable to "Kentucky State Treasurer."

### **MAILING ADDRESS**

Trey Grayson  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718

### **OFFICE LOCATION**

Room 154, Capitol Building  
700 Capital Avenue  
Frankfort, KY 40601

### **WEB SITE ADDRESS**

Our home page address is [www.sos.ky.gov](http://www.sos.ky.gov)

Click on "On Line Business Database" for information on status of all business entities in Kentucky. Forms are also available on our web site.

For name availability, call (502) 564-2848, press 2, and then press 1.

For further information, call (502) 564-2848, press 2, and then press 3 or try our web site.

**NOTE:** A registered name is effective when filed with the Secretary of State and expires on December 31<sup>st</sup> of the same year. A registered name may be renewed for successive years between October 1<sup>st</sup> and December 31<sup>st</sup> of the preceding year. When the renewal is effective, it renews the company name registration for the following calendar year.